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Hollie Wakefield	(Depositor's name)
Hollie Wakefield	(Signature)
6/9/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/320,640	04/08/2004	Wayne M. Coco	3530.1000 US1	8470

TITLE OF INVENTION: EPIDERMAL GROWTH FACTOR AGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOODWARD, CHERIE MICHELLE	1647	424-085100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Elmore Patent Law
 Group, PC
 Carolyn S. Elmore
 Darlene A. Vanstone

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Molecular Logix, Inc. The Woodlands, Texas 77381

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: Carolyn S. Elmore

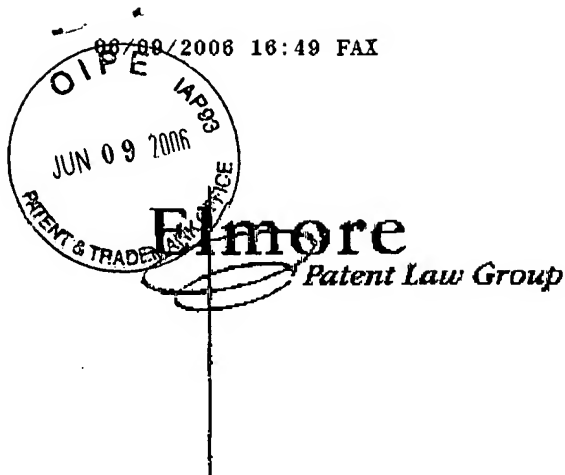
Date: June 9 2006

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Registration No. 37,567

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Date:

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From:

Carolyn S. Elmore, Esq.
Registration No. 37,567

Fax Number:

(571) 273-2885

Subject:

Paper: Part B - Fee(s) Transmittal
Docket No.: 3530.1000 US1
Applicants: Wayne M. Coco, *et al.*
U.S. Application No.: 10/820,640
Filing Date: April 8, 2004
Amount of Fees: \$1,700

Number of pages including this cover sheet 2Please confirm receipt of facsimile: Yes ☒ No ☐

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